

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						09814522	3-21-61			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	1									
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47										
48										
49										
50										
TOTAL IND.	5									
TOTAL DEP.	22									
TOTAL CLAIMS	27									
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS										